

**Congressional High School Art Competition  
Student Information Form**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Title of Entry: \_\_\_\_\_ Art Medium Used: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Art Teacher: \_\_\_\_\_

Art Teacher's E-mail: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Note:** Art entries may be mailed to our office in Buffalo, or they can be dropped off at any of our three office locations in Buffalo, St. Cloud, and Hugo. Our Buffalo office must receive all entries by the deadline. If you have any questions please call our Buffalo office at 763-684-1600.

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